

Republic of the Philippines  
Province of Nueva Ecija  
**SCIENCE CITY OF MUÑOZ**  
OFFICE OF THE BUILDING OFFICIAL

DISTRICT/CITY/MUNICIPALITY  
AREA CODE

APPLICATION NO.

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**SANITARY/PLUMBING PERMIT**

PERMIT NO.

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DATE OF APPLICATION

DATE ISSUED

BOX 1 (TO BE ACCOMPLISHED BY SANITARY ENGINEER/MASTER PLUMBER, IN PRINT)

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BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION)

BUILDING DOCUMENTS	
<input type="checkbox"/> SANITARY PLUMBING PLANS & SPECIFICATIONS <input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> COST ESTIMATES <input type="checkbox"/> OTHERS (SPECIFY) _____ _____

BOX 4 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

ASSESSED FEES				
	AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID

BOX 5 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

PROGRESS FLOW						
NOTE: CHIEF. PROCESSING DIVISION/SECTION	IN		OUT		ACTION/REMARKS	PROCESS BY
	TIME	DATE	TIME	DATE		
RECEIVING AND RECORDING						
GEODETIC (LINE AND GRADE)						
SANITARY						

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SETFORTH.

BOX 6

<b>SANITARY ENGINEER/MASTER PLUMBER C.E.</b> SIGNED AND SEAL PLANS & SPECIFICATIONS		P.R.C. REG. No.
PRINT NAME		
ADDRESS		
P.T.R. No.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN

BOX 8

SIGNATURE _____		
APPLICANT		
RES. CERT. NO.	DATE ISSUED	PLACE ISSUED

BOX 7

<b>SANITARY ENGINEER/MASTER PLUMBER</b> IN-CHARGE OF INSTALLATION		P.R.C. REG. No.
PRINT NAME		
ADDRESS		
P.T.R. No.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN